Residential Free Toilet Application
LCRA – WC&ID 17

Complete and bring this application to the Travis County WC&ID 17 main office, Monday-Friday from 8am to 5pm. Application can also be mailed to the same address:

Travis County WCID 17
3812 Eck Lane
Austin, Texas 78734

Customer Information

Travis County WCID No. 17 Account Number: _____

Customer Name: _____

Installation Address: _____

City, State: _____ Zip: _____

Subdivision / Neighborhood Name: _____

Mailing Address (*if different from above*): _____

City, State: _____ Zip: _____

Contact Phone Number: ☐☐☐–☐☐☐–☐☐☐☐ Email address: _____

I wish to receive my voucher by: ☐ mail ☐ email

Fixture(s) Request

a) Number of toilets requested 1 ☐ 2 ☐

b) Requested ADA model toilets Yes ☐ No ☐

If yes, number 1 ☐ 2 ☐

Household Information

a) Year house was built: _____

b) Number of people in household: _____

c) Number of bathrooms: _____

I have read and understand the following:

- I understand that I may not participate in the program if I already have toilets that use 1.6 gallons per flush.
- I understand that I must install the toilet(s) at the address provided above or return the unused toilet(s) to the plumbing supplier within 30 days of pickup.
- In accepting this new toilet, I acknowledge that LCRA and WC&ID 17 are in no way responsible for the condition of the plumbing on my side of the water meter now or in the future.
- If I currently rent the property where the toilet will be installed, I understand that I should coordinate my participation in this probram with my landlord or property owner.
- I understand that County Appraisal District records will be used to verify the year the house was built for the installation address.
- Old toilets cannot be reused. I agree to dispose of or disable my old toilets.
- I agree to complete a brief post-installation survey.
- I understand that if I provide false information on this application/voucher, fail to comply with the terms of this application/voucher, or fail to install the toilet, I may be charged a fee to reimburse WC&ID 17 for the cost of the toilet.

_____ _____

Travis County WC&ID 17 Account Holder Date